

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
DENVER, COLORADO

00-78

May 24, 2000
(00Q)

PATIENT ABUSE

I. PURPOSE: To establish medical center policy and procedures to be followed in cases of alleged or suspected patient abuse.

II. POLICY:

A. It is the policy of the Department of Veterans Affairs and this medical center that no patient will be mistreated or abused, in any way by an employee.

B. Patient abuse is defined as an act that involves physical, psychological, sexual or verbal abuse. Intentional omission of care, willful violation of a patient's privacy, willful physical injury, intimidation, and harassment or ridicule of a patient are examples. Intent to abuse is not necessary. The patient's own perception of how he/she was treated is essential to determining whether abuse occurred. However, patients with limited or no cognitive ability can still be found to have been abused.

C. Allegations of patient abuse, unless found in a preliminary review by the Executive Leadership Team to be clearly false, require a Board of Investigation; however, if the employee admits to abuse, a Board of Investigation is discretionary.

D. The maximum penalty for patient abuse is removal. However, an employee may be admonished, reprimanded, or suspended if mitigating or extenuating circumstances clearly warrant a lesser penalty or if the abuse is of a minor nature, and is not a repeated offense. Minor instances of abuse may include such acts as teasing, laughing at, ridiculing or scolding a patient. In certain cases, these acts could be construed as being a form of major patient abuse. It should be also emphasized that using disrespectful, vulgar, or "slang" expressions that are offensive to a patient's religion, race, color, national origin, sex, age, or physical handicap may also be regarded as a form of patient abuse.

E. Appropriate disciplinary action must be taken promptly where indicated. In dealing administratively with this class of cases, charges of abuse or mistreatment must be sustained against an employee if the evidence reasonably establishes the offense.

III. RESPONSIBILITY:

A. The Executive Leadership Team (ELT) in conjunction with the Risk Manager (RM) will determine whether patient abuse occurred.

B. It is the responsibility of each employee to become familiar with the contents of this memorandum. Each employee should avoid any act which could possibly be construed as abuse or mistreatment of patients.

C. All employees are responsible for reporting any incidents of patient abuse to their immediate supervisor. Failure to report an incident of patient abuse may make the employee subject to disciplinary action.

IV. PROCEDURES:

A. Human Resources Management Service (HRMS) will provide each new employee a copy of the "Patient Abuse" policy at new employee orientation.

B. The Patient Abuse Statement of Understanding (Attachment A) will be signed by the new employee and filed in the employee's official personnel folder (OPF) which is maintained by HRMS.

C. Supervisors who become aware of possible abuse of a patient will initiate a DVAMC 10-2633, Report of Special Incident Involving a Beneficiary, as outlined in Medical Center Policy 00-76, Integrated Risk Management Program. He/she will promptly forward this form to the service chief.

D. Service chiefs will submit the DVAMC 10-2633 to the Risk Manager for review and possible recommendation for fact finding.

E. Inquiry or investigation of alleged incidents of patient abuse or mistreatment will be initiated by the ELT.

F. Investigations will be conducted in accordance with VHA Handbook 1051/1, dated January 13, 1998, entitled, "Patient Safety Improvement," and Medical Center Memorandum No. 00-05, entitled, "Boards of Investigation." Upon completion of the investigation, the administrative investigative panel will forward its findings/recommendations to the Medical Center Director. If it is determined that disciplinary/adverse action be taken, the Medical Center Director will forward his request for action to HRMS.

V. CONCURRENCES: 05, AFGE, 11, 001, 001P

VI. REFERENCES: MP-5, Part II, Chapter 8, Disciplinary and Grievance Procedures, Section A, Disciplinary and Major Adverse Actions, dated October 30, 1998

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DM&S Supplement, MP-1, Part I, Change 43, Chapter 2. Investigation, Security, and Law, Enforcement Policy, Section A, Investigations, dated October 27, 1987

VHA Handbook 1051/1, Transmittal Sheet 2, Patient Safety Improvement, dated January 13, 1998

Medical Center Memorandum No. 00-76, Risk Management Program, dated August 25, 1998

Medical Center Memorandum No. 00-5, Boards of Investigation, dated October 5, 1998

Master Agreement between the Veterans Administration and the American Federation of Government Employees, Article 21, dated August 1997

VII. RESCISSION: MCP 05-21, Patient Abuse, dated July 25, 1995

VIII. REVIEW DATE: June 2003

ORIGINAL SIGNED

E. Thorsland, Jr.
Medical Center Director

Attachment:
A - Patient Abuse - Statement of Understanding

DISTRIBUTION: D

00-78
ATTACHMENT A

May 24, 2000
(00Q)

PATIENT ABUSE - STATEMENT OF UNDERSTANDING
DO NOT REMOVE FROM OFFICIAL PERSONNEL FOLDER
WHILE EMPLOYED AT
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
DENVER, COLORADO

This is to certify that I have read and had explained to me the VA policy on Patient Abuse. I have been instructed that abuse, either verbal or physical, in handling patients will not be tolerated. I understand that if I am found to be guilty of this, I shall be subject to appropriate disciplinary/adverse action including removal from my position at the medical center.

Receipt of a copy of Medical Center Policy No. 00-78 on Patient Abuse is hereby acknowledged.

Employee's Signature

Date

Witness

Date